

Date:	
Number of pages INCLUDING FAX sheet:	



# FAX

<b>TO</b>	SC DHEC Certification ICF/ID Facilities
<b>FAX #</b>	Bureau of Certification Fax# (803) 545-4292
Mailing	2600 Bull Street Columbia, SC 29201
Courier	301 Gervais St. Columbia, SC 29201

<b>From</b>	
Fax#	
Phone#	
Alternate #s	
Phone#	
Phone#	

## INITIAL EVENT NOTIFICATION

Occurrence Date & Day			Time	
Resident Name	SS# Last 4 digits	Unit	Facility	
Brief description of the incident/report				
<p><b>Statement: The initial ANE Reporting form or Critical Incident Reporting form will be submitted upon completion. A final report will also be submitted upon completion.</b></p> <p>The information contained in this facsimile message is privileged and confidential information intended for the use of the addressee listed above. If you are neither the intended recipient or the employee or agent responsible for delivering this information to the intended recipient, you are hereby notified that any disclosure, copying, distribution, or taking of information is strictly prohibited. If you have received this facsimile in error, please notify us by telephone or arrange for return of the original documents to us</p>				

\*If this transmission is incomplete, please call: \_\_\_\_\_